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54004 7590 03/31/2011
MUIRHEAD AND SATURNELLI, LLC
200 FRIBERG PARKWAY
SUITE 1001
WESTBOROUGH, MA 01581

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Sandra Pires	(Depositor's name)
	(Signature)
May 19, 2011	(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
10/596,465	06/14/2006	Koichi Shimamura	VPM-02001	6948

TITLE OF INVENTION: PRESENCE DISPLAY SYSTEM AND GATEWAY APPARATUS

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/30/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZHU, BO HUI ALVIN	2465	370-401000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>Muirhead and Saturnelli, LLC</u> 2 _____ 3 _____
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3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Vodafone Group PLC	(B) RESIDENCE: (CITY and STATE OR COUNTRY) Berkshire, United Kingdom
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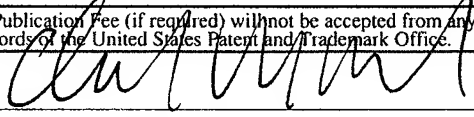
Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____	4b Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>50-3596</u> (enclose an extra copy of this form)
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5 Change in Entity Status (from status indicated above)

☐ a Applicant claims SMALL ENTITY status See 37 CFR 1.27 ☐ b Applicant is no longer claiming SMALL ENTITY status See 37 CFR 1.27(g)(2)

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Authorized Signature 
Typed or printed name Donald W. Muirhead

Date May 19, 2011
Registration No 33,978

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